

**EXHIBIT**

**STATE OF MICHIGAN**  
**<Cir #> JUDICIAL CIRCUIT**  
**<Co. name> COUNTY**

**LIMITED**  
**POWER OF ATTORNEY**

**CASE NO.**  
**<Court Case no.>**

The <Co. Name> Friend of the Court and the Michigan State Disbursement Unit are authorized to cash any payment received on my behalf as alternate payee from a Pension Plan.

This authorization shall continue until revoked by me in writing. A photostatic or facsimile copy of this release may be used in place of the original.

\_\_\_\_\_  
Signature  
<Payee Name>  
<Payee Address>  
<Payee City, State ZIP>

\_\_\_\_\_  
Date

Witnesses:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name